



Youth Empowerment Program

REGISTRATION FORM & PERMISSION SLIP

Student's First Name: _____ Student's Last Name: _____

Gender: _____ Race and/or Ethnicity : _____

Address: _____

City: _____

Zip Code: _____

Student's Email Address: _____

Student's Cell Phone Number: _____

Name of School Attending Year 2016/2017: _____

Grade Starting Year 2016/2017: _____

T-Shirt Size: _____

Parent/Guardian Name: _____

Parent's Email Address: _____

Work Phone Number: _____

Cell Phone Number: _____

I give permission for my child to attend the Youth Empowerment Program hosted by the Iowa Department of Human Rights on July 29th, 2016 at Iowa State Capitol. I understand that my child must be available the entire time from 9:30am until 3:00pm in order to be able to participate.

☐ I hereby give my son/daughter consent for photographs, videotapes, audiotapes, testimonials

☐ I DO NOT give my son/daughter consent for photographs, videotapes, audiotapes, testimonials

Parent/Guardian Signature: _____

Once completed, you can send it by:

Email: sonia.reyes-snyder@iowa.gov

Text: 515-954-5595

Fax: 515-242-6119